

**Application: RIDE Executive Leadership Development Program**

**Due Date: June 30, 2017**

**Email application to [ruth.furia@ride.ri.gov](mailto:ruth.furia@ride.ri.gov)**

Please print in ink or type all information on this application.

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This application must be completed in full and include the following:

- ✓ Current resume
- ✓ Responses to the prompts
- ✓ Signatures of applicant and superintendent

Name of Applicant: \_\_\_\_\_

Name of Superintendent: \_\_\_\_\_

District/School Name: \_\_\_\_\_

**Please respond to the following prompts. Responses may be completed in a separate page.**

1. Why are you interested in the RISL Executive Development Program facilitation training?

2. What professional experiences have you had that will assist in you developing as an effective facilitator?

3. How will you manage the demands and challenges from your school community and those from the RISL Executive Development Training Program?

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Signature of Applicant

(Signature indicates commitment to completing the RISL facilitation training)

Date

I support the submission of this application and the expectations of participation in the program.

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Superintendent's Signature

Date